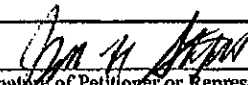
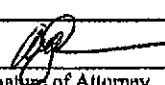




UNITED STATES BANKRUPTCY COURT Southern District of New York		INVOLUNTARY PETITION				
IN RE (Name of Debtor - If Individual: Last, First, Middle) HHH Choices Health Plan, LLC		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names.)				
Last four digits of Social-Security or other Individual's Tax-I.D. No./Complete EIN (If more than one, state all.):						
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 2100 Bartow Avenue, Suite 310 Bronx, New York 10475 COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS <div style="text-align: right;">ZIP CODE</div>		MAILING ADDRESS OF DEBTOR (If different from street address) <div style="text-align: right;">ZIP CODE</div>				
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)						
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11						
INFORMATION REGARDING DEBTOR (Check applicable boxes)						
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	<table style="width: 100%; border: none;"> <tr> <th style="text-align: center; border: none;">Type of Debtor (Form of Organization)</th> <th style="text-align: center; border: none;">Nature of Business (Check one box.)</th> </tr> <tr> <td style="border: none; vertical-align: top;"> <input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) </td> <td style="border: none; vertical-align: top;"> <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other </td> </tr> </table>		Type of Debtor (Form of Organization)	Nature of Business (Check one box.)	<input type="checkbox"/> Individual (Includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (Includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other
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VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>(If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.)</i>				
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets.)						
Name of Debtor	Case Number	Date				
Relationship	District	Judge				
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. <input type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY				

Name of Debtor HHH Choices Health Pl

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
x _____ Signature of Petitioner or Representative (State title) <u>The Royal Care, Inc.</u>	x _____ Signature of Attorney <u>Welnberg, Gross & Pergament LLP</u>	
Name of Petitioner _____ Date Signed _____	Name of Attorney Firm (If any) <u>400 Garden City Plaza, Garden City, NY 11530</u>	
Name & Mailing Address of Individual Signing in Representative Capacity <u>6323 14th Avenue</u> <u>Brooklyn, NY 11219</u> <u>Chaim Shea Klein, CEO</u>	Address <u>(516) 877-2424</u> Telephone No. _____	
x  Signature of Petitioner or Representative (State title) <u>Amazing Home Care Services, LLC</u>	x  Signature of Attorney <u>4-28-2015</u>	
Name of Petitioner _____ Date Signed _____	Name of Attorney Firm (If any) <u>4770 WHITE PLAINS RD, 3rd FLOOR</u>	
Name & Mailing Address of Individual Signing in Representative Capacity <u>1601 Bronxdale Avenue</u> <u>Bronx, NY 10462</u> <u>Joseph Steinfeld,</u> <u>Administrator</u>	Address <u>Bronx, NY 10470</u> Telephone No. <u>347-547-7279</u>	
x  Signature of Petitioner or Representative (State title) <u>InterGen Health LLC</u>	x  Signature of Attorney <u>4-28-2015</u>	
Name of Petitioner _____ Date Signed _____	Name of Attorney Firm (If any) <u>4770 WHITE PLAINS RD, 3rd Floor</u>	
Name & Mailing Address of Individual Signing in Representative Capacity <u>1601 Bronxdale Avenue</u> <u>Bronx, NY 10462</u> <u>Hillel Max, Controller</u>	Address <u>Bronx, NY 10470</u> Telephone No. <u>347-547-7279</u>	
PETITIONING CREDITORS		
Name and Address of Petitioner <u>The Royal Care, Inc.</u>	Nature of Claim <u>Services rendered</u>	Amount of Claim <u>772,761.63</u>
Name and Address of Petitioner <u>Amazing Home Care Service, LLC</u>	Nature of Claim <u>Services rendered</u>	Amount of Claim <u>1,178,751.69</u>
Name and Address of Petitioner <u>InterGen Health LLC</u>	Nature of Claim <u>Services rendered</u>	Amount of Claim <u>42,298.02</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims _____

____ continuation sheets attached

Name of Debtor HHH Choices Health Pl

Case No. _____

TRANSFER OF CLAIM		
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).		
REQUEST FOR RELIEF		
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.		
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.		
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><u>x</u> _____ Signature of Petitioner or Representative (State title) <u>The Royal Care, Inc.</u></p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative Capacity _____ <u>6323 14th Avenue</u> <u>Brooklyn, NY 11219</u> <u>Chalm Shea Klein, CEO</u></p> </div> <div style="width: 15%; text-align: center;"> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><u>x</u> _____ Signature of Attorney <u>Weinberg, Gross & Pergament LLP</u></p> <p>Name of Attorney Firm (if any) _____ <u>400 Garden City Plaza, Garden City, NY 11530</u></p> <p>Address _____ <u>(516) 877-2424</u></p> <p>Telephone No. _____</p> </div> <div style="width: 15%; text-align: center;"> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><u>x</u> _____ Signature of Petitioner or Representative (State title) <u>Amazing Home Care Services, LLC</u></p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative Capacity _____ <u>1601 Bronxdale Avenue</u> <u>Bronx, NY 10462</u> <u>Daryl Hagler, CEO</u></p> </div> <div style="width: 15%; text-align: center;"> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><u>x</u> _____ Signature of Attorney _____</p> <p>Name of Attorney Firm (if any) _____</p> <p>Address _____</p> <p>Telephone No. _____</p> </div> <div style="width: 15%; text-align: center;"> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><u>x</u> _____ Signature of Petitioner or Representative (State title) <u>InterGen Health LLC</u></p> <p>Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing _____ Address of Individual _____ Signing in Representative Capacity _____ <u>1601 Bronxdale Avenue</u> <u>Bronx, NY 10462</u> <u>Daryl Hagler, CEO</u></p> </div> <div style="width: 15%; text-align: center;"> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <p><u>x</u> _____ Signature of Attorney _____</p> <p>Name of Attorney Firm (if any) _____</p> <p>Address _____</p> <p>Telephone No. _____</p> </div> <div style="width: 15%; text-align: center;"> </div> </div>	
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Name and Address of Petitioner <u>InterGen Health LLC</u>	Nature of Claim <u>Services rendered</u>	Amount of Claim
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

____ continuation sheets attached

VERIFICATION

STATE OF NEW YORK)
 : ss.:
COUNTY OF THE BRONX)

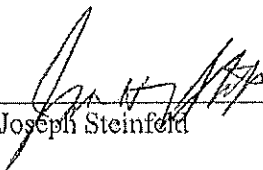
JOSEPH STEINFELD, being duly sworn, deposes and says:

I am the Administrator of Amazing Home Care Services, LLC, the corporation named in the within action; that I have read the foregoing Involuntary Petition and know the contents thereof; and that the same are true to my own knowledge, except as to those matters therein stated to be alleged on information and belief, and as to those matters I believe them to be true.

This verification is made by me because Amazing Home Care Services, LLC is a corporation and I am an officer thereof, to wit, Administrator.

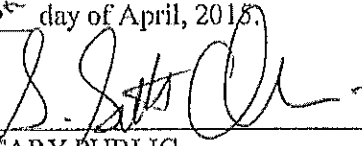
The grounds of my belief as to all matters not stated upon my knowledge are as follows:

All books, records, documents and correspondence maintained by my office.



Joseph Steinfeld

Sworn to before me this
20th day of April, 2018.



NOTARY PUBLIC

S. SCOTT ORLANSKI
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01OR6210782
Qualified in Queens County
Expires Sept 14, 2017

VERIFICATION

STATE OF NEW YORK)
 : ss.:
COUNTY OF THE BRONX)


HILLEL MAX, being duly sworn, deposes and says:

I am the Controller of InterGen Health LLC, the corporation named in the within action; that I have read the foregoing Involuntary Petition and know the contents thereof; and that the same are true to my own knowledge, except as to those matters therein stated to be alleged on information and belief, and as to those matters I believe them to be true.

This verification is made by me because InterGen Health LLC is a corporation and I am an officer thereof, to wit, Controller.

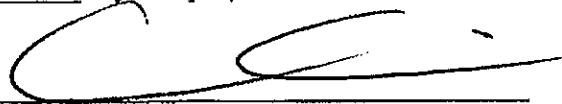
The grounds of my belief as to all matters not stated upon my knowledge are as follows:

All books, records, documents and correspondence maintained by my office.



Hillel Max

Sworn to before me this
28 day of April, 2015.



NOTARY PUBLIC

Amir Abramchik
Notary Public State of New York
No. 01AB6182484
Qualified in Queens County
Commission Expires March 03, 2016

VERIFICATION

STATE OF NEW YORK)
) ss.:
COUNTY OF KINGS)

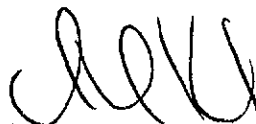
CHAIM SHEA KLEIN, duly affirms under the penalties of perjury as follows:

I am the Chief Executive Officer of The Royal Care, Inc., the corporation named in the within action; that I have read the foregoing Involuntary Petition and know the contents thereof; and that the same are true to my own knowledge, except as to those matters therein stated to be alleged on information and belief, and as to those matters I believe them to be true.

This verification is made by me because The Royal Care, Inc. is a corporation and I am an officer thereof, to wit, Chief Executive Officer.

The grounds of my belief as to all matters not stated upon my knowledge are as follows:

All books, records, documents and correspondence maintained by my office.



Chaim Shea Klein

Sworn to before me this
17 day of April, 2015.



NOTARY PUBLIC

GERSHON LANDAU
NOTARY PUBLIC, State of New York
No. 01LA6150814
Qualified in Kings County
Qualification Expires Aug. 07, 2018